



EXPRESS MAIL NO. EV336657790US

**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	10/001,909
Filing Date	October 31, 2001
First Named Inventor	Luigi Occhipinti
Art Unit	2621
Examiner Name	Shervin K. Nakhjavan
Attorney Docket No.	851763.417

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>):
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<u>Form PTOL-85 (+ copy); Fee</u>
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<u>Address Indication Form;</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<u>Remarks After Allowance; Copy of IDS and Form PTO-1449</u>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	_____

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	E. Russell Tarleton		
Date	September 20, 2005	Reg. No.	31,800

CERTIFICATE OF TRANSMISSION/MAILING

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